The Afterlife of Organ Transplants

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My latest Gonzo research paper explores how the distinct cellular biochemical histories of transplanted organs may influence the preferences and behaviors of their recipients, suggesting that transplanted organs might respond “uncomfortably” when relocated to a nutrient environment that is different from where they originally formed. This paper proposes a simple way to make certain organs “feel at home” in their new host, thereby decreasing the chance of rejection. Furthermore, the paper describes a test to determine the effectiveness of its proposal.

While gathering information for an upcoming exploration of thanatology, spirituality, and late-stage capitalism, I came across a curious bit of anecdotal history—the famous case of Claire Sylvia, a strict vegetarian who received a heart-and-lung transplant in 1988. Claire shocked her family by craving chicken nuggets shortly after her surgery. She had hated fried chicken her entire life. Claire later learned her organ donor was an 18-year-old boy who loved chicken nuggets[1]. Many wishful thinkers attributed Claire’s newfound taste for nuggets to some sort of mystical connection with her donor, but I think something else was at work, something more tangible and measurable…

A 2024 study concluded there were “significant psychological and lifestyle changes in recipients before and after heart transplantation, with 38% exhibiting characteristics partly similar to those of their donors”[2]. A separate study in 2024 concluded that approximately 90% of organ transplant recipients report some form of personality change or preference shift, though it’s unknown whether or not these shifts align with the personality or preferences of their donor[3]. There is a simple explanation for most of the dietary changes associated with organ transplants. A common side effect of immunosuppressant drugs is an alteration of the sense of taste. Immunosuppressants can leave a metallic or bitter aftertaste that lessens the appeal of some foods. But this cannot account for all instances of dietary changes in organ recipients; it certainly doesn’t explain what happened to Claire Sylvia.

Approximately 173,700 organ transplants are performed worldwide each year, with kidneys accounting for the vast majority (roughly 64%) of these procedures. In 2024, 110,467 kidney transplants were performed across 90 countries, 42,497 liver transplants were performed across 71 countries, and 10,287 heart transplants were performed across 59 countries[4]. Approximately 20% of all kidney transplants are rejected in the first year, along with approximately 25% of all liver transplants, and approximately 15% of all heart transplants[5].

Endothelial cells form the inner lining of blood vessels, lymphatic vessels, and the heart, acting as a barrier between circulating blood and surrounding tissues, regulating blood flow, immune responses, and the passage of nutrients and waste. These cells renew rapidly, replacing approximately 15% of their total numbers every year, meaning they are fully replaced roughly

every seven years[6]. It's not absurd to think that a heart lined with endothelial cells made from the building blocks of fried chicken eaten regularly will "notice" the absence of such nutrients on a molecular level if transferred to a vegetarian host, and possibly "respond" to (or at least be affected by) any drastic alteration of its familiar environment and patterns.

Digestion is the process by which your stomach and small intestine use enzymes to break down food into usable energy, turning proteins into amino acids (the building blocks of cells), and carbohydrates into glucose that fuels cellular activity. Amino acids and glucose are absorbed in the small intestine, where they pass through the intestinal wall and enter directly into the bloodstream to be distributed everywhere throughout your body. Your cells take these fundamental cellular nutrients from the blood and use them to grow and heal your body. Amino acids link together to make new cell walls and repair worn-out tissues, while glucose provides the energy needed to perform this never-ending work.

Going back to the strange case of Claire Sylvia, when digesting fried chicken, your small intestine absorbs a distinct combination of substances: glucose, fatty acids, amino acids, vitamins, minerals, antioxidants, water, sodium, chloride, potassium, cholesterol, phytosterols, glycerol, bile salts, and peptides, all of which become the source material for building new cells. You are what you eat, literally. It only makes sense that one's organs would be accustomed (possibly even addicted) to certain quantities and combinations of nutrients that are frequently used over a long period as the basis for cellular creation. Despite her history as a vegetarian, Claire made her transplanted heart feel at home, welcoming it with nutrient combinations it was familiar with, i.e., chicken nuggets. Claire Sylvia died at the age of 69, twenty-one years after receiving her heart-and-lung transplant.

Where are memories located? Some say memories are formed by the brain's fractal network of neural pathways, others suggest memories arise from the brain's electrical fields and frequencies, and then there are those who propose memories are stored molecularly within every cell throughout the body. In 2018, a team of researchers transferred a rudimentary type of memory (i.e., a pain response) from one slug to another via RNA. The researchers shocked slugs in a particular manner, which led the slugs to become sensitized to a particular manner of being touched. The researchers then extracted RNA from the sensitized slugs and injected it into non-sensitized slugs. The non-sensitized slugs became sensitized to the particular manner of touch even though they had never experienced the accompanying shock[7].

Transplanted organs come with their own history. For example, the heart secretes peptide hormones that affect the kidneys, fluid regulation, blood pressure, and nervous system activity. A transplanted heart will very likely produce a different amount of hormones and respond

"uncomfortably" to the different hormonal biome of its new host's body. It's important to note that more than 90% of our body's serotonin—a neurotransmitter associated with our sense of well-being—is "produced in the intestines rather than the brain. Therefore, a significant change in a central organ of the body may indirectly affect the nervous system and behavior as well"[8].

Despite advancements in immunosuppressant drugs, even if an organ donor is a match for a recipient, there is still a significant chance the transplanted organ will be rejected. Cells are adapted to their particular nutrient environments. When an organ is transplanted, it is suddenly immersed in a different nutrient landscape. This abrupt shift may disrupt long-established metabolic processes at the cellular level, which may trigger stress-responses, which may trigger inflammation, which may trigger immunological defense mechanisms that result in organ rejection. To ensure a harmonious afterlife for a newly transplanted organ (or at least increase the chances of it not being rejected), the organ must be made to "feel at home" in its new host. One way to accomplish this would be to reintroduce the relocated organ to familiar foods, i.e., nutrient combinations it was built from. The efficacy of "welcoming home" transplanted organs through the reestablishment of prior nutrient profiles would be relatively simple to ascertain by comparing the number of rejections in a control group to the number of rejections in a "nutrient-familiar" test group. Under optimal circumstances, each group would consist of 100 recipients of the same organ type. Separate studies would be conducted for kidney transplants, liver transplants, and heart transplants. The family of the donor would list the donor's ten favorite foods or ten most common meals (e.g., chocolate, fried chicken, etcetera, but not sushi, as organ transplant recipients must avoid raw or undercooked food) and their favorite spices/seasonings (e.g., cinnamon, mustard, salt, etcetera). This information can be shared with the organ recipient while still maintaining the donor family's anonymity. Organ recipients will then use this information to include listed items with at least one of their meals every day for six months, or longer if desired. Each individual study will conclude at the end of one fiscal year. The overall study is estimated to take three years from inception to completion. If a significantly lower number of organ transplant rejections were proven in the test group, this strange little insight could help save countless lives. I suppose a placebo group should also be studied to see if the effect is psychosomatic. If a recipient believes they are doing something to make their transplanted organ feel more at home, the belief itself may actually increase their body's chances of not rejecting it. Most likely the ***donor organ's nutrient profile*** and the ***recipient's belief that incorporation of such profiles into their daily eating habits has a beneficial effect*** would both work in tandem to reduce the possibility of transplant rejection. The study's main difficulty will be getting distraught family members to fill out any type of questionnaire within twenty-four hours of the pronouncement of brain death, though they should be heartened by the knowledge that doing so will help ensure their loved one's priceless organ donation (referred to as "the gift

of life") does not go to waste. The health of the test group should be reassessed at the three-year mark, the seven-year mark, and the ten-year mark, to evaluate long-term efficacy.

There are birth doulas and death doulas; perhaps there should also be organ transplant doulas, as the transplant process requires immense psychological steadiness, existential support, and informed physiological guidance, with the organ recipient's survival and sustained health at stake. This would be in addition to conventional physical therapy, of course.

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